

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND DEVICE FOR PROVIDING COMMUNICATION SERVICES
Attorney Docket Number::	STEIN 12
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Shai

Middle Name::	
Family Name::	STEIN
Name Suffix::	
City of Residence::	Raanana
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	4/17 Shy-Agnon Street
City of Mailing Address::	Raanana
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	43380
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Moredechay
Middle Name::	
Family Name::	MORGENSTERN
Name Suffix::	
City of Residence::	Petach Tikva
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	28 Begin Road
City of Mailing Address::	Petach Tikva
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	49732
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Ofer
Middle Name::	
Family Name::	REVIV
Name Suffix::	

City of Residence:: Moshav Timorim

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: House #287

City of Mailing Address:: Moshav Timorim

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 79860

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application National Stage of PCT/IL05/000189 02-15-05

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Israel 160665 03-01-04 Yes

Assignment Information

Assignee Name:: ECI Telecom

Street of Mailing Address:: 30 Hasivim Street

City of Mailing Address:: Petach Tikva

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 49517